Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39C0001176		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 05/24/2023	
NAME OF PROVIDER OR SUPPLIER: READING HOSPITAL SURGICENTER AT SPRING RIDGE, THE			STREET ADDRESS, CITY, STATE, ZIP CODE: 2603 KEISER BOULEVARD WYOMISSING, PA 19610				
STATE LICENSE NUMBER: 16481501							
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
S 0000	This report is the result of an occupancy survey conducted on May 24, 2023, at Reading Hospital Surgicenter At Spring Ridge which included new equipment, Stealth FlexENT Navigation System. Based on the occupancy survey, it was determined the facility was in compliance with all applicable requirements of the Pennsylvania Department of Health's Rules and Regulations for Ambulatory Care Facilities, Annex A, Title 28, Part IV, Subparts A and F, Chapters 551-573, November 1999 and the current edition of the Guidelines for Design and Construction of Hospital and Health Care Facilities.			S 0000			
LABORATORY I	ATURE		TITLE:	(X6) DATE:			

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Certified End Page

READING HOSPITAL SURGICENTER AT SPRING RIDGE, THE

STATE LICENSE NUMBER: 16481501 SURVEY EXIT DATE: 05/24/2023

I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey

Jeane Parisi

Deputy Secretary for Quality Assurance

fearre Janie

Debra L. Bogu MD

Debra L. Bogen, MD, FAAP Acting Secretary of Health



THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY